## Case 19-31518-KLP Doc 1 Filed 03/22/19 Entered 03/22/19 13:22:15 Desc Main Document Page 1 of 56

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF VIRGINIA	_	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this an amended filing

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Kelly First name  Anjel Middle name  Salat Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
	J		
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3922	

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Debtor 1 Kelly Anjel Salat Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.  Business name(s)			
		EINs	EINs			
5.	Where you live	5220 Windbreak Drive	If Debtor 2 lives at a different address:			
		Fredericksburg, VA 22407  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
			Number, Street, City, State & ZIF Code			
		Spotsylvania County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. When District **EDVA** 5/08/14 Case number 14-32538 District **EDVA** When 3/26/13 Case number 13-31666 When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you District When Case number, if known Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Kelly Anjel Salat

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Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Debtor 1

Kelly Anjel Salat

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Debtor 1 Kelly Anjel Salat Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Kelly Anjel Salat			Case num	ber (if known)			
Part	6: Answer These Quest	ions for Re	eporting Purposes					
16.	What kind of debts do you have?	16a.	<b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you ov	we that are not consumer debts or busin	ness debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	☐ Yes.	are paid that funds will be ava	to you estimate that after any exempt prailable to distribute to unsecured credito	operty is excluded and administrative expenses rs?			
	administrative expenses are paid that funds will		□ No					
	be available for distribution to unsecured creditors?		☐ Yes					
18.		<b>1</b> -49		<b>1</b> ,000-5,000	<b>1</b> 25,001-50,000			
	you estimate that you owe?	□ 50-99		<b>5001-10,000</b>	<b>5</b> 0,001-100,000			
		☐ 100-19 ☐ 200-99		□ 10,001-25,000	☐ More than100,000			
19.	How much do you	□ \$0 - \$9		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion			
20.	How much do you	□ \$0 - \$9	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion			
Part	7: Sign Below							
For	you	I have ex	amined this petition, and I decl	lare under penalty of perjury that the info	ormation provided is true and correct.			
				I am aware that I may proceed, if eligib elief available under each chapter, and I	le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.			
			If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out the document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
		bankrupto and 3571	rstand making a false statement, concealing property, or obtaining money or property by fraud in connection with a uptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1571.					
			Anjel Salat	0	tor 2			
			njel Salat of Debtor 1	Signature of Deb	JIUI Z			
		Executed	==, ==	Executed on	MM / DD / VVVV			
			MM / DD / YYYY	IV	MM / DD / YYYY			

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Debtor 1 Kelly Anjel Salat Case number (if known)	
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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ James	E. Kane, Esquire	Date	March 22, 2019
Signature of	Attorney for Debtor		MM / DD / YYYY
	Kane, Esquire 30081		
Printed name	na DC		
Kane & Pa	іра, Р.С.		
P.O. Box 5	508		
Richmond	I, VA 23218-0508		
Number, Street,	City, State & ZIP Code		
Contact phone	804-225-9500	Email address	jkane@kaneandpapa.com
30081 VA			
Bar number & S	tate		<del></del>

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Fill in this infor	mation to identify your	case:		
Debtor 1	Kelly Anjel Salat			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	DF VIRGINIA	
Case number (if known)				☐ Check if this is a amended filing

### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	335,700.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	21,813.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	357,513.00
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	420,820.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	57,917.00
	Your total liabilities	\$	478,737.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	12,421.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,553.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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Debtor 1 Kelly Anjel Salat Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

15,590.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	55,516.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	55,516.00

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		Doc	ument	Page 10 of 56				
Fill in this info	rmation to identify your ca	ase and this filing	g:					
Debtor 1	Kelly Anjel Salat							
	First Name	Middle Name		Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name		Last Name				
United States B	ankruptcy Court for the: _E	EASTERN DISTRI	CT OF VIRGI	NIA				
Case number							☐ Check if this is	s an
				_			amended filin	
n each category, hink it fits best. Information. If mo Answer every que Part 1: Describ	e Each Residence, Building,	items. List an asset e as possible. If two separate sheet to t Land, or Other Real	married peopl his form. On th	e are filing together, both a le top of any additional pag wn or Have an Interest In	re equally resp	onsible for su	pplying correct	<b>rou</b>
1.1	adlana ak Duiya	What	t is the propert	<b>y?</b> Check all that apply				
	ndbreak Drive s, if available, or other description		Single-family				aims or exemptions. Pud claims on <i>Schedule</i> i	
	,			Iti-unit building n or cooperative			ns Secured by Propert	
Frederic	ksburg VA 2240	<b>7-0000</b> □		or mobile home	Current val		Current value of th portion you own?	e
City	State ZII	P Code	•	roperty	\$33	5,700.00	\$335,700	.00
							our ownership intere	
		_		t in the property? Check one		e simple, ten e), if known.	ancy by the entireties	s, or
		Wilo				by the Ent	irety	
Spotsylv	ania		20010 0,				-	
County			,					
				of the debtors and another		if this is com tructions)	munity property	
		Othe	r information y	ou wish to add about this it	em, such as lo	cal		
		prop	erty identificat	ion number:				

Official Form 106A/B Schedule A/B: Property page 1

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Deb	tor 1 K	Kelly Anjel Salat		Cas	e number (if known)	
	If you o	wn or have more than o	na list hara:		_	
1.2	ıı you o	will of flave more than e		t is the property? Check all that apply		
	Land'or	Int/Club Landor Times	hare ⊏	Single-family home	Do not deduct secure	ed claims or exemptions. Put
	Street addre	ess, if available, or other description		Duplex or multi-unit building		ecured claims on Schedule D: Claims Secured by Property.
				Condominium or cooperative	Creditors Wild Have	Claims Secured by Property.
			_	L. Manufacturad ar makila hama		
					Current value of the	
					entire property?	portion you own?
	City	State ZI	P Code		Unknov	vn Unknown
			_	Timeshare	Describe the nature	e of your ownership interest
					(such as fee simple a life estate), if kno	e, tenancy by the entireties, or
			_	has an interest in the property? Check one	Timeshare	WII.
			_			
	County					
	County			1		community property
				At least one of the debtors and another information you wish to add about this ite	(see instructions)	
			F. • • •	erty identification number:		
				your entries from Part 1, including any		\$335,700.00
Part	2: Descri	be Your Vehicles				
	No Yes	, trucks, tractors, sport util	ity venicies, mot	orcycles		
3.1	Make:	Mercedes	Who has a	an interest in the property? Check one		red claims or exemptions. Put
	Model:	C300	Debtor	1 only		ecured claims on Schedule D: Claims Secured by Property.
	Year:	2010	□ Debtor			
	Approxir	mate mileage: 1790		1 and Debtor 2 only	Current value of th entire property?	e Current value of the portion you own?
	Other int	formation:		t one of the debtors and another		
			□ Cheek	if this is community arounds.	\$4,783.0	00 \$4.783.00
				if this is community property tructions)	<del> </del>	<u> </u>
E)  5 A part	No Yes  Add the do ages you  3: Descri	ollar value of the portion yo have attached for Part 2. V	nal watercraft, fish  ou own for all of y  Write that numbe	reational vehicles, other vehicles, and ing vessels, snowmobiles, motorcycle according vessels and vessels, snowmobiles, motorcycle according vessels, snowmobiles, with the vessels vessels vessels, snowmobiles, with the vessels ve	entries for	\$4,783.00
Do	ou own o	or have any legal or equital	ble interest in an	y of the following items?		Current value of the portion you own?
						Do not deduct secured

Official Form 106A/B Schedule A/B: Property

page 2

claims or exemptions.

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Debtor 1 Kelly Anjel Salat Case number (if known)

6.	Household goods and fu  Examples: Major applianc  No	es, furniture, linens, china, kitchenware		
	Yes. Describe			
	[	4 bedroom sets with beds, dressers and night stands, Dining Room table set, Sofa, Loveseat, Chair, Coffee Table, End Tables		\$500.00
7.		d radios; audio, video, stereo, and digital equipment; computers, printers, scanners thones, cameras, media players, games	s; music collecti	ons; electronic devices
	]	5 TV's, Laptop, 1 Xbox	]	\$1,250.00
8.		gurines; paintings, prints, or other artwork; books, pictures, or other art objects; stans, memorabilia, collectibles	amp, coin, or ba	seball card collections;
9.	Equipment for sports and Examples: Sports, photog musical instrur  No Yes. Describe	raphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis	s; canoes and ka	ayaks; carpentry tools;
10	<ul><li>D. Firearms</li></ul>	shotguns, ammunition, and related equipment		
11	<ol> <li>Clothes         <ul> <li>Examples: Everyday clot</li> <li>No</li> <li>Yes. Describe</li> </ul> </li> </ol>	hes, furs, leather coats, designer wear, shoes, accessories		
		Clothing and shoes	]	\$1,000.00
12	<ol> <li>Jewelry         <ul> <li>Examples: Everyday jew</li> <li>No</li> <li>Yes. Describe</li> </ul> </li> </ol>	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watche	s, gems, gold, s	ilver
		Wedding Ring Set (1)	]	\$2,000.00
13	3. Non-farm animals  Examples: Dogs, cats, bi	rds, horses		
	■ Yes. Describe		-	
_		1 dog		\$50.00
14	<ol> <li>Any other personal and No</li> </ol>	household items you did not already list, including any health aids you did r	not list	

 $\square$  Yes. Give specific information.....

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Debtor 1	Kelly Anjel Salat	D	Case number (if known)	
			art 3, including any entries for pages you have attached	\$4,800.00
Part 4: De	escribe Your Financial Asse	ets		
	wn or have any legal or o		any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	ples: Money you have in y	-	ome, in a safe deposit box, and on hand when you file your petition	n
			Cash	\$50.00
Examp			ounts; certificates of deposit; shares in credit unions, brokerage he with the same institution, list each.  Institution name:	ouses, and other similar
	17.1.	Checking	USAA	\$250.00
	17.2.	Savings	Navy Federal Credit Union	\$400.00
Exam <sub>l</sub> ■ No	s, mutual funds, or publi ples: Bond funds, investm		okerage firms, money market accounts	
9. Non-pi			orated and unincorporated businesses, including an interest	∶in an LLC, partnership, and
	Give specific information Na	about them	% of ownership:	
Negot Non-n ■ No	tiable instruments include negotiable instruments are Give specific information	personal checks, cas those you cannot tra	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. shiers to someone by signing or delivering them.	
	ment or pension accour ples: Interests in IRA, ERI		.03(b), thrift savings accounts, or other pension or profit-sharing រុ	olans
■ Yes.	List each account separa Type	itely. of account:	Institution name:	
	401(	k)	Charles Schwab	\$644.00
Your s		its you have made so	that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compan	ies, or others

Institution name or individual: ☐ Yes. .....

Entered 03/22/19 13:22:15 Case 19-31518-KLP Doc 1 Filed 03/22/19 Page 14 of 56 Document Debtor 1 **Kelly Anjel Salat** Case number (if known) 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No ■ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... **Anticipated 2018 Federal Taxes** \$4,884.00 **Federal Anticipated State Tax Refund** State \$6.002.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

□ No
■ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund

value:

Net Life (Term) Fatima and Malik Salat \$0.00

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Deb	otor 1	Kelly Anjel Salat		Case number (if known)	
32.	If you	nterest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a lif one has died.		are currently entitled to rec	eive property because
	No				
L	J Yes.	Give specific information			
_		s against third parties, whether or not you have filed a law ples: Accidents, employment disputes, insurance claims, or ri		and for payment	
_		Describe each claim			
_	Other o	contingent and unliquidated claims of every nature, inclu	ding counterclaims	of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim			
_	Any fir ■ No	nancial assets you did not already list			
	☐ Yes.	Give specific information			
36.		the dollar value of all of your entries from Part 4, includin art 4. Write that number here			\$12,230.00
Part	5: De	escribe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	ite in Part 1.	
=	No. Go	own or have any legal or equitable interest in any business-related to to Part 6.  Go to line 38.	ed property?		
Part		escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46.	Do you	u own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	■ No.	. Go to Part 7.			
	☐ Yes	s. Go to line 47.			
Part	. 7.	Describe All Property You Own or Have an Interest in That You	ı Did Not List Above		
53.	Do you	u have other property of any kind you did not already list oples: Season tickets, country club membership			
	☐ Yes.	Give specific information			
54.	Add	the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part '	1: Total real estate, line 2			\$335,700.00
		2: Total vehicles, line 5	\$4,783.00		
57.	Part :	3: Total personal and household items, line 15	\$4,800.00		
58.		4: Total financial assets, line 36	\$12,230.00		
59.	Part :	5: Total business-related property, line 45	\$0.00		
60.	Part (	6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 1	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	I personal property. Add lines 56 through 61	\$21,813.00	Copy personal property t	otal <b>\$21,813.00</b>
63.	Total	I of all property on Schedule A/B. Add line 55 + line 62			\$357,513.00

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Fill in this infor				
Debtor 1	Kelly Anjel Salat			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	OF VIRGINIA	
Case number				☐ Check if this is an
				amended filing

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.		Specific laws that allow exemption	
5220 Windbreak Drive Fredericksburg, VA 22407 Spotsylvania County Line from <i>Schedule A/B</i> : 1.1	\$335,700.00		100% 00% of fair market value, up to ny applicable statutory limit	Va. Code Ann. § 55-20.2; Va. Code Ann. § 55-37	
2010 Mercedes C300 179000 miles Line from Schedule A/B: 3.1	\$4,783.00		\$4,783.00 00% of fair market value, up to ny applicable statutory limit	Va. Code Ann. § 34-26(8)	
4 bedroom sets with beds, dressers and night stands, Dining Room table set, Sofa, Loveseat, Chair, Coffee Table, End Tables Line from Schedule A/B: 6.1	\$500.00		\$500.00 00% of fair market value, up to my applicable statutory limit	Va. Code Ann. § 34-26(4a)	
5 TV's, Laptop, 1 Xbox Line from Schedule A/B: 7.1	\$1,250.00		\$1,250.00 00% of fair market value, up to by applicable statutory limit	Va. Code Ann. § 34-26(4a)	
Clothing and shoes Line from Schedule A/B: 11.1	\$1,000.00		\$1,000.00 00% of fair market value, up to applicable statutory limit	Va. Code Ann. § 34-26(4)	

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ebtor 1 Kelly Anjel Salat			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Wedding Ring Set (1) Line from Schedule A/B: 12.1	\$2,000.00		\$2,000.00	Va. Code Ann. § 34-26(1a)
Ellio II oli II osi I os			100% of fair market value, up to any applicable statutory limit	
1 dog Line from Schedule A/B: 13.1	\$50.00		\$50.00	Va. Code Ann. § 34-26(5)
Ente from Genedate AVB. 10.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$50.00		\$50.00	Va. Code Ann. § 34-4
Enternolli domodale 702. Terr			100% of fair market value, up to any applicable statutory limit	
Checking: USAA Line from Schedule A/B: 17.1	\$250.00		\$250.00	Va. Code Ann. § 34-4
Line IIIII Schedule AVB. 17.1			100% of fair market value, up to any applicable statutory limit	
Savings: Navy Federal Credit Union Line from Schedule A/B: 17.2	\$400.00		\$400.00	Va. Code Ann. § 34-4
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
401(k): Charles Schwab Line from Schedule A/B: 21.1	\$644.00		\$644.00	Va. Code Ann. § 34-34
Line Holli Schedule AVD. 21.1			100% of fair market value, up to any applicable statutory limit	
Federal: Anticipated 2018 Federal Taxes	\$4,884.00		\$4,300.00	Va. Code Ann. § 34-4
Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
Net Life (Term) Beneficiary: Fatima and Malik Salat	\$0.00		100%	Va. Code Ann. § 38.2-3122
Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  ■ No □ Yes. Did you acquire the property cover	3 years after that for ca	ases fi	led on or after the date of adjustmer	,
□ No	od by the exemption w		,210 days bololo you mou tills oddo	
☐ Yes				

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		Document Page 1	8 01 50		
Filli	in this information to identify	your case:			
Deb	tor 1 Kelly Anjel S	alat			
DOD	First Name	Middle Name Last Name		-	
Deb	tor 2				
(Spou	use if, filing) First Name	Middle Name Last Name			
Unit	ed States Bankruptcy Court for t	the: EASTERN DISTRICT OF VIRGINIA			
	, ,			-	
	e number				
(if kno	own)				if this is an
				amend	ded filing
Offi	icial Form 106D				
		ro Who Llovo Claima Sooura	d by Dranart		40/45
<u> </u>	nedule D: Credito	rs Who Have Claims Secure	ed by Propert	<u>y</u>	12/15
s nee	eded, copy the Additional Page, fil	ole. If two married people are filing together, both are of lit out, number the entries, and attach it to this form.			
	per (if known).	d hu vana manantu 2			
	any creditors have claims secured		Maria la accesa de la constante de la constant	to many and any district facility	
_		nit this form to the court with your other schedules.	You have nothing else t	to report on this form.	
	Yes. Fill in all of the information	on below.			
Part	1: List All Secured Claims				
		as more than one secured claim, list the creditor separate		Column B	Column C
		has a particular claim, list the other creditors in Part 2. As betical order according to the creditor's name.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
muci	· · · · · · · · · · · · · · · · · · ·	betted order according to the creator 3 hame.	value of collateral.	claim	If any
2.1	Land'or International,	Describe the assessment that assessment the eleien-	\$23,173.00	Unknown	Unknown
	Inc. Creditor's Name	Describe the property that secures the claim:	Ψ23,173.00		Olikilowii
	Orealtor 3 Name	Land'or Int/Club Landor Timeshare			
	2120 Staples Mill Road				
	Suite 300	As of the date you file, the claim is: Check all that apply.			
	Richmond, VA 23230	Contingent			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who	o owes the debt? Check one.	Nature of lien. Check all that apply.			
	Debtor 1 only	An agreement you made (such as mortgage or s	secured		
	Debtor 2 only	car loan)			
_	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	at least one of the debtors and another				
_	Check if this claim relates to a community debt	Other (including a right to offset)			
	John Market Control				
Date	debt was incurred 2000	Last 4 digits of account number 3922	<u> </u>		
	_				
2.2	Lees Parke Owners	Describe the arrange to that account the electric	\$3,004.00	\$335,700.00	\$0.00
	Association Creditor's Name	Describe the property that secures the claim: 5220 Windbreak Drive	Ψ5,004.00	Ψ333,7 00.00	Ψ0.00
	e.eu.e. e manie	Fredericksburg, VA 22407			
	FEOD Holloy Ook Lane	Spotsylvania County			
	5599 Holley Oak Lane Fredericksburg, VA	As of the date you file, the claim is: Check all that			
	22407	apply.  ☐ Contingent			
	Number, Street, City, State & Zip Code	Unliquidated			
	. , , , , , , , , , , , , , , , , , , ,	☐ Disputed			
Who	owes the debt? Check one.	Nature of lien. Check all that apply.			
	Pebtor 1 only	$\square$ An agreement you made (such as mortgage or s	ecured		
	Pebtor 2 only	car loan)			
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
<b>■</b> A	at least one of the debtors and another	er  Judgment lien from a lawsuit			

community debt

Other (including a right to offset)

HOA

■ At least one of the debtors and another

☐ Check if this claim relates to a

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Debtor 1 Kelly Anjel Salat		Case number (if known)			
First Name Middle N	ame Last Name	-			
Date debt was incurred 2014	Last 4 digits of account number 392	2			
2.3 Select Portfolio Servicing	Describe the property that secures the claim:	\$394,643.00	\$335,700.00	\$58,943.00	
Creditor's Name	5220 Windbreak Drive	]			
	Fredericksburg, VA 22407				
	Spotsylvania County				
P.O. Box 65450	As of the date you file, the claim is: Check all that				
Salt Lake City, UT 84165	apply.  ☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only	☐ An agreement you made (such as mortgage or	secured			
☐ Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)	)			
■ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset) First DO	Т			
Date debt was incurred 2004	Last 4 digits of account number 134	8			
Add the dollar value of your entries in C	column A on this page. Write that number here:	\$420,820.00	ס		
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$420,820.00	$\overline{o}$		

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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			Do	cument	Page 20	of 56		
Fill in this	s informati	on to identify your o	case:					
Debtor 1	i	Kelly Anjel Salat						
	_	rirst Name	Middle Name	•	Last Name			
Debtor 2		First Name	Middle Name		Last Name			
(Spouse if, fi	iing) r	riist Name	Middle Name	•	Last Name			
United Sta	ates Bankru	ptcy Court for the:	EASTERN DIS	TRICT OF VIRG	SINIA			
Case nun (if known)	nber							Check if this is an imended filing
Sched Be as comp	plete and ac	Creditors W	e Part 1 for credit	ors with PRIORIT	Y claims and I			12/15
Schedule G Schedule D left. Attach name and c	G: Executory D: Creditors The Continucase number	Contracts and Unexpi Who Have Claims Sect ation Page to this page (if known).	ired Leases (Offic ured by Property. e. If you have no i	ial Form 106G). D If more space is r nformation to rep	o not include needed, copy	any creditors wit	edule A/B: Property (Offici h partially secured claims I, fill it out, number the en Irt. On the top of any addi	that are listed in tries in the boxes on the
Part 1:		Your PRIORITY Un						
	-	ave priority unsecured	d claims against y	ou?				
	. Go to Part 2	·.						
☐ Ye	_							
Part 2:	List All of	Your NONPRIORIT	Y Unsecured Cl	aims				
3. Do an	y creditors h	ave nonpriority unsec	ured claims agair	st you?				
☐ No	. You have no	othing to report in this pa	art. Submit this forn	n to the court with	your other sche	edules.		
■ Yes								
■ Yes	S.							
unsecu	ured claim, lis ne creditor ho	t the creditor separately	for each claim. Fo	r each claim listed,	, identify what t	ype of claim it is. [	<ul> <li>If a creditor has more that Do not list claims already incursecured claims fill out the</li> </ul>	cluded in Part 1. If more
								Total claim
4.1 <b>E</b>	СМС		La	st 4 digits of acco	ount number	3922		\$884.00
	onpriority Cre	editor's Name		ot 4 digito of door		JJEE	_	Ψ004.00
<del>-</del>	O Box 16		W	hen was the debt	incurred?	unk.		_
_	ock Box 8							
		MN 55116 City State Zip Code		of the date you f	ile the claim i	s: Check all that a	nnly	
		the debt? Check one.	710	or the date you !	no, mo olumn	o. Onook an that c	,,,	
_	Debtor 1 or			Contingent				
	Debtor 2 or	•		Unliquidated				
		•		Disputed				
_	_	nd Debtor 2 only	Tv	pe of NONPRIOR	ITY unsecured	d claim:		
	_	e of the debtors and and		Student loans				
	」Check if thebt	is claim is for a comn	nunity	y ☐ Obligations arising out of a separation agreement or divorce that you did not				
		ubject to offset?		report as priority claims				
	No			Debts to pension		g plans, and other	similar debts	
	] Yes			•	•			
_	- 103		_		Student I o			-

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Debtor	1 Kelly Anjel Salat	Case number (if known)				
4.2	FedLoan Servicing	Last 4 digits of account number	0012	\$22,218.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 69184 Harrisburg, PA 17106	When was the debt incurred?	Opened 07/17 Last Active 2/28/19			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	Contingent				
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt	■ Student loans  □ Obligations arising out of a sepa	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	· ·			
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	☐ Other. Specify	 I			
4.3	FedLoan Servicing	Last 4 digits of account number	0011	\$22,084.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 69184 Harrisburg, PA 17106	When was the debt incurred?	Opened 11/16 Last Active 2/28/19			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharin				
	Yes	Other. Specify				
4.4	FedLoan Servicing		0013	\$10,330.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 69184 Harrisburg, PA 17106	When was the debt incurred?	Opened 04/18 Last Active 2/28/19			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community debt	<ul><li>■ Student loans</li><li>□ Obligations arising out of a sepa</li></ul>				
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify				
		Educationa	ıl .			

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Case number (if known)

Depto	Kelly Anjel Salat		Case number (if known)	
4.5	Global Payments	Last 4 digits of account number	5220	\$498.00
	Nonpriority Creditor's Name Po Box 66118 Chicago, IL 60666	When was the debt incurred?	Opened 09/17 Last Active 12/07/17	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Returned C	Check	
4.6	I C System Inc Nonpriority Creditor's Name	Last 4 digits of account number	7001	\$102.00
	Attn: Bankruptcy Po Box 64378	When was the debt incurred?	Opened 02/14	
	St Paul, MN 55164  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	■ Other. Specify Collection	Attorney Banfield Pet Hospital	
4.7	Midland Funding  Nonpriority Creditor's Name	Last 4 digits of account number	3511	\$579.00
	2365 Northside Dr Ste 300 San Diego, CA 92108	When was the debt incurred?	Opened 12/15	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	<b>.</b>		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	a Janii.	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	<u></u>	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	□Yes	Judgment Other. Specify Credit One	- Factoring Company Account	

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	onal Credit Adjusters LLC	Last 4 digits of account number	3922		\$177.00
Attn	iority Creditor's Name  : Chassity Lindeman  Box 3023	When was the debt incurred?	unk.		
Numb	hinson, KS 67504 er Street City State Zip Code ncurred the debt? Check one.	As of the date you file, the claim	is: Check	all that apply	
■ De	btor 1 only	☐ Contingent			
□ De	btor 2 only	☐ Unliquidated			
	btor 1 and Debtor 2 only	☐ Disputed			
	least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	eck if this claim is for a community	☐ Student loans			
debt	claim subject to offset?	Obligations arising out of a separeport as priority claims	aration ag	reement or divorce that you did not	
■ No		☐ Debts to pension or profit-sharing	ng plans, a	and other similar debts	
☐ Ye	s	Other. Specify Consumer	Debt		
Well	s Fargo Dealer	Last 4 digits of account number	4721		\$1,045.00
Nonpr	iority Creditor's Name Box 25341	When was the debt incurred?	unk.		
Numb	a Ana, CA 92799 er Street City State Zip Code ncurred the debt? Check one.	As of the date you file, the claim	is: Check	all that apply	
■ De	btor 1 only	☐ Contingent			
□ De	btor 2 only	☐ Unliquidated			
	btor 1 and Debtor 2 only	☐ Disputed			
	least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	eck if this claim is for a community	☐ Student loans			
debt Is the	claim subject to offset?	Obligations arising out of a separeport as priority claims	aration ag	reement or divorce that you did not	
■ No		☐ Debts to pension or profit-shari	ng plans, a	and other similar debts	
☐ Ye	s	Other. Specify Repossess	sed Veh	nicle	
se this pag trying to c ave more th	ollect from you for a debt you owe to s	about your bankruptcy, for a debt that comeone else, list the original creditor in at you listed in Parts 1 or 2, list the add	Parts 1	or 2, then list the collection agency he	ere. Similarly, if you
	d the Amounts for Each Type of L				
	ounts of certain types of unsecured ci- cured claim.	aims. This information is for statistical i	eporting		ie amounts for each
	Co. Domostio summert abligation		60	Total Claim	
Total	6a. Domestic support obligation	is	6a.	\$	
claims	Ch. Taura and sastain attendable	4	CI-		
m Part 1	<ul><li>6b. Taxes and certain other deb</li><li>6c. Claims for death or persona</li></ul>	its you owe the government Il injury while you were intoxicated	6b. 6c.	\$ <u>0.00</u> \$ 0,00	
	•	nsecured claims. Write that amount here.	6d.	\$ 0.00	
	6e. <b>Total Priority.</b> Add lines 6a th	rough 6d.	6e.	\$	
				Total Claim	<b>⊸</b>
Total claims	6f. Student loans		6f.	\$ 55,516.00	
m Part 2	6g. Obligations arising out of a	separation agreement or divorce that	6a.	\$ 0.00	

6h. Debts to pension or profit-sharing plans, and other similar debts

0.00

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Debtor 1 Kelly Anjel Salat Case number (if known)

6i. Other. Add all other nonpriority unsecured claims. Write that amount

6i. 2404.00

i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ \_\_\_\_\_\_\_\$

Total Nonpriority. Add lines 6f through 6i. 6j. \$ 57,917.00

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Fill in this infor	rmation to identify your	case:	Ü	
Debtor 1	Kelly Anjel Salat			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number				
(if known)				

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Numbe	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4			- Clair	2 0000	
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			<u></u>
	City		State	ZIP Code	_

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		Documen	iii raye 20 01 i	30	
Fill in this infor	mation to identify your	case:			
Debtor 1	Kelly Anjel Salat				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	ankruptcy Court for the:	EASTERN DISTRICT O	E VIDCINIA		
Officed States Do	ankruptcy Court for the.	LASTERN DISTRICT O	r virginia		
Case number (if known)					Charle if this is an
(II KIIOWII)					☐ Check if this is an amended filing
Official Fo	orm 106H				
Schedule	H: Your Cod	ebtors			12/15
our name and	case number (if known	boxes on the left. Attach h. Answer every question. you are filing a joint case, or			ny Additional Pages, write
□ No					
Yes					
		u lived in a community pro , Nevada, New Mexico, Pu		(Community property state	es and territories include
■ No. Go to		use, or legal equivalent live	with you at the time?		
in line 2 ag	ain as a codebtor only i ), Schedule E/F (Officia	f that person is a guarant	tor or cosigner. Make su	re you have listed the cree	you. List the person shown ditor on Schedule D (Official dule E/F, or Schedule G to fill
	nn 1: Your codebtor Number, Street, City, State and Z	IP Code		Column 2: The creditor of Check all schedules that	to whom you owe the debt apply:
3.1 <b>Malik</b>	ς Salat			■ 0-bb-1 D "	
J. I Wall	Coalat			■ Schedule D, line ☐ Schedule E/F, line _	2.2
				☐ Schedule G	
				Lees Parke Owners A	Association
3.2 Malik	c Salat			■ Schedule D, line	2.3
				☐ Schedule E/F, line _	
				☐ Schedule G	
				Salact Partfalia Sarvi	icina

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	in this information to identify your c	ase:			
De	btor 1 Kelly Anjel S	Salat			
	btor 2 puse, if filing)				
Un	ited States Bankruptcy Court for the	EASTERN DISTRICT	OF VIRGINIA		
	se number nown)			Check if this is:  An amended filing  A supplement showing  13 income as of the foll	
0	fficial Form 106I			MM / DD/ YYYY	oming date.
	chedule I: Your Inc	ome		IVIIVI / DD/ TTTT	12/15
<b>Pa</b> 1.	Describe Employment Fill in your employment		Polyton	Dobtor 2 or non fili	
٠.	information.		Dalitan 4	Dobtor 2 or non filis	
	information.		Debtor 1	_	ng spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed □ Not employed	■ Employed □ Not employed	ng spouse
	If you have more than one job, attach a separate page with	Employment status  Occupation	■ Employed	■ Employed	
	If you have more than one job, attach a separate page with information about additional		■ Employed □ Not employed	■ Employed □ Not employed	
	If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or	Occupation	■ Employed □ Not employed Program Manager	■ Employed □ Not employed Physical Security	/ Specialist
	If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student	Occupation Employer's name	■ Employed □ Not employed Program Manager Grant Thornton, LLP  175 W. Jackson Blvd. Chicago, IL 60604	■ Employed □ Not employed Physical Security Pentagon FCU  Box 1432	/ Specialist
Esti spo	If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student	Occupation  Employer's name  Employer's address  How long employed the state you file this form. If your end one employer, come	■ Employed □ Not employed Program Manager Grant Thornton, LLP  175 W. Jackson Blvd. Chicago, IL 60604 here? 4 months	Employed  Not employed  Physical Security  Pentagon FCU  Box 1432 Alexandria, VA 22  30+ years	r Specialist  2313  ude your non-filing

List monthly gross wages, salary, and commissions (before all payroll 2.

deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

			11011-	illing spouse
2.	\$	10,416.00	\$	6,461.00
3.	+\$_	0.00	+\$_	0.00
4.	\$	10,416.00	\$_	6,461.00

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Kelly Anjel Salat	_	Case	e number (if known)			
				Fo	r Debtor 1	For D	ebtor 2 or	
							iling spouse	
	Сор	y line 4 here	4.	\$_	10,416.00	\$	6,461.00	=
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	2,176.00	\$	1,060.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	51.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	416.00	\$	37.00	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	_
	5e.	Insurance	5e.	\$_	98.00	\$	316.00	_
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	_
	5g.	Union dues	5g.	\$_	0.00	\$	0.00	_
	5h.	Other deductions. Specify: Group Legal Services	5h.+			+ \$	0.00	_
		Allotment, SV		\$_	0.00	\$	1,193.00	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	2,706.00	\$	2,657.00	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	7,710.00	\$	3,804.00	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 8c.	\$		\$		_
	8d.	Unemployment compensation	8d.	φ_ \$	0.00	\$ 	0.00	_
	8e.	Social Security	8e.	φ_ \$	0.00	\$ 	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		<b>\$</b> _	0.00	\$	0.00	_
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	_
	8h.	Other monthly income. Specify: Amortized Tax Refunds (2017)	8h.+	\$	907.00	+ \$	0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	907.00	\$	0.00	- 
10	Cale	culate monthly income. Add line 7 + line 9.	10. \$		8,617.00 + \$	2 00	04.00 = \$	12 424 00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. 5		0,017.00	3,00	<u> 4.00 </u> =  \$ _	12,421.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	r depen			•	chedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes					12. \$	12,421.00
10	Do:	volue wheet an increase or decrease within the year ofter you file this form	.2				Combin monthl	ned y income
13.		you expect an increase or decrease within the year after you file this form	ı f					
	П	Yes, Explain:						

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:								
Deb		Kelly Anjel S					Ch	neck i	f this is:		
		Trony Prinjer C	uiut				☐ An amended filing				
	tor 2 ouse, if filing)									ving postpetition cha the following date:	apter
Unite	ed States Bankr	uptcy Court for the:	: EASTE	RN DISTRICT OF \		MM / DD / YYYY					
1	e number nown)										
(II KI	ilowii)										
Of	fficial Fo	rm 106J									
Sc	chedule	J: Your I	Expen	ses							12/15
Be a	as complete a ormation. If m	and accurate as	possible. eded, atta	If two married pe ch another sheet t						r supplying correct our name and cas	
Part		ibe Your House	hold								
1.	Is this a join										
	■ No. Go to	line 2. <b>s Debtor 2 live i</b>	in a senar:	ate household?							
	□ res. <b>Doc</b>		iii a sepair	ate mousemora :							
			st file Offici	al Form 106J-2, <i>Ex</i>	penses fo	or Separate House	ehold of De	ebtor	2.		
2.	Do you have	e dependents?	□ No								
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information		Dependent's relat Debtor 1 or Debto			Dependent's age	Does dependent live with you?	ı
	Do not state	the								□No	l
	dependents i	names.				Son			20	■ Yes	
										□ No □ Yes	
										☐ Yes	
										☐ Yes	
										□ No	
										☐ Yes	
3.	expenses of	enses include f people other tl d your depende	han $_{oldsymbol{\square}}$	No Yes							
Part	t 2: Estima	ate Your Ongoi	na Monthi	v Expenses							
Esti	imate your ex	penses as of yo	our bankrı	iptcy filing date ui	nless you a supple	u are using this for emental <i>Schedule</i>	orm as a J, check	supp the l	lement in a Cha box at the top of	pter 13 case to rep f the form and fill i	oort n the
Incl	ude expense	s paid for with r	non-cash	government assis	tance if v	ou know					
the	value of such	n assistance and		luded it on Sched					Your expe	enses	
(Oii	ficial Form 10	oi. <i>)</i>							Tour expe		
4.		or home owners and any rent for the		ses for your resider lot.	ence. Inc	clude first mortgag	e 4.	\$_		1,883.00	
	If not includ	ed in line 4:									
	4a. Real e	state taxes					4a.	\$		0.00	
	4b. Proper	rty, homeowner's	s, or renter	s insurance			4b.			0.00	
				pkeep expenses			4c.			0.00	
_		owner's associat			o oo bor-	o oquity loops	4d.	_		125.00	
5.	Auditional h	nortgage payme	ents for yo	our residence, such	i as nom	e equity loans	5.	\$_		0.00	

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Debte	or 1	Kelly A	njel Salat	Case nun	nb	er (if known)	
6.	Utilit	ies:					
-	6a.		y, heat, natural gas	6a.	. :	\$	320.00
	6b.	Water, se	ewer, garbage collection	6b.	. :	\$	105.00
	6c.	Telephon	ne, cell phone, Internet, satellite, and cable service	s 6c.	. :	\$	300.00
	6d.	Other. Sp	pecify: Cell phones	6d.	. :	\$	400.00
	Food		sekeeping supplies		. :	\$	600.00
			children's education costs	8.	. :	\$	0.00
١.	Cloth	ning, laund	dry, and dry cleaning	9.	. :	\$	300.00
0.	Pers	onal care	products and services	10.	. :	\$	300.00
			ental expenses	11.			156.00
			1. Include gas, maintenance, bus or train fare.			` —	
			car payments.	12.	. :	\$	500.00
3.	Ente	rtainment	, clubs, recreation, newspapers, magazines, ar	d books 13.	. :	\$	225.00
4.	Char	itable con	tributions and religious donations	14.	. :	\$	200.00
5.	Insur	rance.					
	Do no	ot include i	insurance deducted from your pay or included in li	nes 4 or 20.			
	15a.	Life insur	ance	15a.	. :	\$	0.00
	15b.	Health in	surance	15b.	. :	\$	0.00
	15c.	Vehicle in	nsurance	15c.	. :	\$	350.00
	15d.	Other ins	surance. Specify:	15d.	. :	\$	0.00
6.	Taxe	<b>s.</b> Do not i	nclude taxes deducted from your pay or included i	n lines 4 or 20.			
	Spec	ify: Pers	sonal Property Tax Amortized	16.	. :	\$	100.00
			lease payments:				<del></del>
			nents for Vehicle 1	17a.	. :	\$	0.00
			nents for Vehicle 2	17b.	. :	\$	0.00
	17c.	Other. Sp	pecify: Spouse Car Payment	17c.	. :	\$	400.00
	17d.	Other. Sp	pecify: Spouse Credit Cards	17d.	. :	\$	289.00
			s of alimony, maintenance, and support that yo your pay on line 5, <i>Schedule I, Your Income</i> (0		. :	\$	0.00
			ts you make to support others who do not live		:	\$	0.00
	Spec	ify:		19.			
20.	Othe	r real prop	perty expenses not included in lines 4 or 5 of the	nis form or on <i>Schedule I:</i> Y	οι	ır Income.	
	20a.	Mortgage	es on other property	20a.	. :	\$	0.00
	20b.	Real esta	ate taxes	20b.	. :	\$	0.00
	20c.	Property,	homeowner's, or renter's insurance	20c.	. :	\$	0.00
	20d.	Maintena	nce, repair, and upkeep expenses	20d.	. :	\$	0.00
	20e.	Homeow	ner's association or condominium dues	20e.	. :	\$	0.00
21.	Othe	r: Specify:		21.		+\$	0.00
					Γ		
		•	monthly expenses			_	
			4 through 21.			\$	6,553.00
	22b.	Copy line 2	22 (monthly expenses for Debtor 2), if any, from O	fficial Form 106J-2		\$	
	22c.	Add line 22	2a and 22b. The result is your monthly expenses.			\$	6,553.00
13	Calc	ulata varr	monthly net income.		L		
			e 12 (your combined monthly income) from Schedu	ıle I. 23a.		\$	12 424 00
		, ,	ur monthly expenses from line 22c above.	23a. 23b.			12,421.00
	∠JU.	сору уос	ar monuny expenses nominine 220 above.	230.	• -	-ψ	6,553.00
	23c	Subtract	your monthly expenses from your monthly income			<u> </u>	
	<b>_</b> 00.		It is your <i>monthly net income</i> .	23c.	.   :	\$	5,868.00
			jou. monary not modifie.		_		
			an increase or decrease in your expenses with				
			you expect to finish paying for your car loan within the year	ar or do you expect your mortgage	pa	ayment to increase	e or decrease because of a
	_		e terms of your mortgage?				
	■ No						
	□ Ye	es.	Explain here:				

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Ellis distributor					
FIII IN this infor	mation to identify your	case:			
Debtor 1	Kelly Anjel Salat				
Dahtano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
, ,					
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	OF VIRGINIA		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official For	m 106Dec				
Declarat	tion About a	n Individual	Debtor's So	chedules	12/15
Doolara	tion About t	- IIIaiviaaai	DODIOI O OC	<del>Jiicaaico</del>	12/13
,	I8 U.S.C. §§ 152, 1341, 1 ∣n Below	519, and 3571.			
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out I	bankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankrupto	y Petition Preparer's Notice,
				Declaration, and	Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	nmary and schedules file	ed with this declaration and	d
	lly Anjel Salat		X	(B.)	
	Anjel Salat ure of Debtor 1		Signature of	t Debtor 2	
	March 22, 2019		Date		

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Fill in	this inform	nation to identify you	r case:			
Debto		Kelly Anjel Salat				
		First Name	Middle Name	Last Name		
Debto (Spouse	r 2 if, filing)	First Name	Middle Name	Last Name		
United	l States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	VIRGINIA		
Office	Otates Bai	induptoy Court for the.	EXCITER OF DIGITAL OF	VIICOINIA		
Case (if know	number n)				_	Check if this is an amended filing
Stat	ement		Affairs for Individ		ankruptcy equally responsible for sup	4/10
		ore space is needed, i). Answer every que		this form. On the top of an	y additional pages, write you	ur name and case
Part 1	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1. W	hat is your	current marital statu	ıs?			
	Married Not mar	ried				
2. D	uring the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
	No Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
C	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor ico, Texas, Washington and V	
	l No l Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part 2		n the Sources of You	,	,		
Fi	Il in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part		ndar years?
		in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	•	of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$26,042.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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Debtor 1 Kelly Anjel Salat	e number (if known)			
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$30,578.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$119,614.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
and other public benefit payments winnings. If you are filing a joint car List each source and the gross inc  No Yes. Fill in the details.	ise and you have income that y	you received together, list it o	only once under Debtor 1.	d gambling and lottery
	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2017)	401(k) Cashout	\$16,788.00		
Part 3: List Certain Payments You	u Made Before You Filed for	Rankruntov		
6. Are either Debtor 1's or Debtor 2  No. Neither Debtor 1 nor individual primarily for a puring the 90 days bef  No. Go to line  Yes List below paid that conot include * Subject to adjustmen	2's debts primarily consume Debtor 2 has primarily consume a personal, family, or househo ore you filed for bankruptcy, di 7.  each creditor to whom you paireditor. Do not include paymer a payments to an attorney for the on 4/01/19 and every 3 year or both have primarily consumers.	r debts?  Imer debts. Consumer debts.  Id purpose."  d you pay any creditor a total  d a total of \$6,425* or more interest of the support oblighis bankruptcy case.  s after that for cases filed on timer debts.	I of \$6,425* or more?  n one or more payments and t ations, such as child support a or after the date of adjustment	he total amount you and alimony. Also, do
,	ore you filed for bankruptcy, di	d you pay any creditor a tota	I of \$600 or more?	
include pa	7. each creditor to whom you pai yments for domestic support o or this bankruptcy case.			

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De	btor 1 Kelly Anjel Salat	Document	Page 34 of 56 Case number (if known)				
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payme	ent for	
	Select Portfolio Servicing P.O. Box 65450 Salt Lake City, UT 84165	January - March 2019	\$5,649.00	\$394,643.00	■ Mortgage □ Car □ Credit Card □ Loan Repayn □ Suppliers or v		
7.	Within 1 year before you filed for bankrupi Insiders include your relatives; any general p of which you are an officer, director, person in a business you operate as a sole proprietor. alimony.  No Yes. List all payments to an insider.	artners; relatives of any gent control, or owner of 20%	eneral partners; partn or more of their votin	erships of which you	ou are a general pa ny managing agent	, including one fo	
	Insider's Name and Address	Dates of payment	Total amount	Amount you still owe	Reason for this	payment	
<b>Pa</b> 9.	No Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Repossession Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.	tcy, were you a party in a				s name	
	Case title Case number	Nature of the case	Court or agency	Court or agency		Status of the case	
	Land'or International, Inc. v Kelly Anjel Salat CL19-1656	Garnishment	Prince William Circuit Court 9311 Lee Avenue Manassas, VA 20110		■ Pending □ On appeal □ Concluded		
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address		,	foreclosed, garnis	shed, attached, se	ized, or levied? Value of the property	
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed  No			nancial institutior	n, set off any amou	unts from your	

 $\square$  Yes. Fill in the details.

Creditor Name and Address

Describe the action the creditor took

Date action was taken

Amount

Case 19-31518-KLP Doc 1 Filed 03/22/19 Entered 03/22/19 13:22:15 Page 35 of 56 Document Debtor 1 Kelly Anjel Salat Case number (if known) 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ☐ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) **Tithes and Offerings** 2017-2019 \$4,800.00 **New Life Annointed Ministries** 12680 Darby Brook Ct Woodbridge, VA 22192 Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. П Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You 03/22 \$25.00 **Abacus Credit Counseling** \$25 online credit counseling 17337 Ventura Boulevard Suite 226 Encino, CA 91316 Kane & Papa, P.C. \$380 Court Filing Fee, Credit Report 03/22/19 \$380.00

P.O. Box 508

Richmond, VA 23218-0508

and COS

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Debtor 1 Kelly Anjel Salat

Case number (if known)

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  No  Yes. Fill in the details.									
	Person Who Was Paid Address	Description and vertransferred	Description and value of any property transferred		Date payment or transfer was made	Amount of payment				
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details.									
	Person Who Received Transfer Address Person's relationship to you	Description and vo		Describe any property or payments received or debts paid in exchange		Date transfer was made				
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.									
	Name of trust	Description and value of the property transferred				Date Transfer was made				
Par	8: List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and Stora	age Units						
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.									
		Last 4 digits of account number	Type of account instrument	clos	e account was sed, sold, ved, or usferred	Last balance before closing or transfer				
21.	cash, or other valuables?									
	Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Address (Number, Street, City,		escribe the contents					
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  No Yes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		escribe the c	ontents	Do you still have it?				

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Debtor 1 Kelly Anjel Salat Case number (if known)

Par	19: Identify Property You Hold or Control for	Someone Else			
23.	Do you hold or control any property that someofor someone.	one else owns? Include any prope	rty you I	borrowed from, are storing fo	r, or hold in trust
	■ No				
	Yes. Fill in the details.	Where is the manager.	Danas	the the managements	Value
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Descr	ibe the property	Value
Par	110: Give Details About Environmental Inform	ation			
For	he purpose of Part 10, the following definitions	apply:			
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	nir, land, soil, surface water, groun			
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	sites.			
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste,	, hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of whe	n they o	occurred.	
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e under	or in violation of an environm	ental law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	_	ovironmental law, if you ow it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		vironmental law, if you ow it	Date of notice
26.	Have you been a party in any judicial or admini	strative proceeding under any env	ironmer	ntal law? Include settlements	and orders.
	■ No □ Yes. Fill in the details.				
	Case Title	Court or agency	Nature	e of the case	Status of the
	Case Number	Name Address (Number, Street, City, State and ZIP Code)	Nature	of the case	case
Par	111: Give Details About Your Business or Con	nnections to Any Business			
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of the	e following connections to an	y business?
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, either f	full-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	nip (LLP	)	
	☐ A partner in a partnership				
	☐ An officer, director, or managing execu	tive of a corporation			
	☐ An owner of at least 5% of the voting or	r equity securities of a corporation			

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Debtor 1 Kelly Anjel Salat Case number (if known)

	No. None of the above applies. Go to	Part 12.	
	Yes. Check all that apply above and fil	Il in the details below for each business.	
1	Business Name Address Number, Street, City, State and ZIP Code)	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
•	Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed
	Vithin 2 years before you filed for bankrup nstitutions, creditors, or other parties.	tcy, did you give a financial statement to a	nyone about your business? Include all financial
	No Yes. Fill in the details below.		
	Name Address Number, Street, City, State and ZIP Code)	Date Issued	
Part 1	12: Sign Below		
are tru	ue and correct. I understand that making a		declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
/s/ K	elly Anjel Salat	_	
	Anjel Salat ature of Debtor 1	Signature of Debtor 2	
Date	March 22, 2019	Date	
Did you ■ No □ Yes	. 5	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
Did yo	ou pay or agree to pay someone who is no	ot an attorney to help you fill out bankrupto	y forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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### **United States Bankruptcy Court**

## Eastern District of Virginia

In re	Kelly Anjel Salat		Case No.	
		Debtor(s)	Chapter	13

	IN A CHAPTER 13 C	<u>ASE</u>	
	(for use in the Richmond Div	vision only)	
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that compensation paid to me, for services rendered or to be rendered on behalf of bankruptcy case is as follows:		
	For legal services, I have agreed to accept	\$	5,296.00
	Prior to the filing of this statement I have received	\$	0.00
	Balance Due		5,296.00
2.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify)		
3.	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify)		
4.	■ I have not agreed to share the above-disclosed compensation with any other p	erson unless they are n	nembers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or per copy of the agreement, together with a list of the names of the people sharing		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all a Bankruptcy Rule $2016-1(C)(3)$ .	aspects of the bankrupt	cy case, as required by Local
6.	I am electing to request compensation and reimbursement of expenses in this case	2:	
	a. ■ In accordance with the "no-look" fee set forth in Local Bankruptcy Rule	e 2016-1(C)(1)(a) and (	C)(3)(a).
	b. $\square$ By submitting applications for compensation in the manner set forth in I	Local Bankruptcy Rule	2016-1(C)(1)(c)(ii).
	An attorney for the debtor that fails to make the election to request compensat (C)(3)(a) at the commencement of the case will be deemed to have elected to Bankruptcy Rule 2016-1(C)(1)(c)(ii).		

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### **CERTIFICATION**

I certify that the foregoing is an accurate statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 22, 2019	/s/ James E. Kane, Esquire
Date	James E. Kane, Esquire 30081
	Signature of Attorney
	Kane & Papa, P.C.

Name of Law Firm P.O. Box 508 Richmond, VA 23218-0508 804-225-9500 Fax: 804-225-9598

### NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED **STATES TRUSTEE** PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND **CLERK'S CM/ECF POLICY 9**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee,

and U.S. trustee pursuant to Local Bankruptcy Rul	le 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first cla
mail).	
March 22, 2019	/s/ James E. Kane, Esquire
Date	James E. Kane, Esquire 30081
	Signature of Attorney

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Fill in this inform	nation to identify your case:	
Debtor 1	Kelly Anjel Salat	
Debtor 2 (Spouse, if filing)		
United States B	ankruptcy Court for the: Eastern District of Virginia	
Case number (if known)		

Check	Check as directed in lines 17 and 21:					
According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

☐ Check if this is an amended filing

### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ☐ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 6,461.00 9.129.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debtor 1 Kelly Anjel Salat Case number (if known) Column B Column A Debtor 2 or Debtor 1 non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_ 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 9,129.00 6,461.00 15,590.00 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 15,590.00 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 15,590.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15.590.00 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 187,080.00 15b. The result is your current monthly income for the year for this part of the form.

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Debte	or 1	Kell	y Anjel Salat		Case number (if known)			
16	. Cal	culate	the median family income that applies to	you. Follow t	these steps:			
	16a	. Fill in	the state in which you live.	VA				
	16b	. Fill in	the number of people in your household.	3				
			the median family income for your state and		ehold.		\$	89,593.00
		To fir	nd a list of applicable median income amount actions for this form. This list may also be ava	s, go online ι	using the link specified in the separate		Ψ	<u> </u>
17	. Hov		ne lines compare?					
	17a	. 🗆	Line 15b is less than or equal to line 16c. 0 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do I					
	17b	. =	Line 15b is more than line 16c. On the top 1325(b)(3). <b>Go to Part 3 and fill out Calc</b> your current monthly income from line 14 a	ulation of Yo				
Par	t 3:	Ca	culate Your Commitment Period Under 11	U.S.C. § 132	25(b)(4)			
18.	Cop	y you	r total average monthly income from line	11		\$		15,590.00
19.	conf	tend th	e marital adjustment if it applies. If you are not calculating the commitment period under noome, copy the amount from line 13.	e married, yo 11 U.S.C. § 1	ur spouse is not filing with you, and you 325(b)(4) allows you to deduct part of y	our		
	•		marital adjustment does not apply, fill in 0 or	n line 19a.		<b>-</b> \$_		0.00
	19b	Subt	ract line 19a from line 18.				\$	15,590.00
20.	Cal	culate	your current monthly income for the year	. Follow thes	se steps:			45 500 00
	20a	. Сору	line 19b				\$	15,590.00
		Multi	oly by 12 (the number of months in a year).				X	12
		_						407.000.00
	20b	. The r	esult is your current monthly income for the y	ear for this p	part of the form		\$_	187,080.00
	200	Conv	the median family income for your state and	size of hous	ahald from line 16c		\$	89,593.00
	200	. Сору	the median family income for your state and	Size of flous	enola nom line roc		"-	
	21.	How	do the lines compare?					
			Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered b	by the court, on the top of page 1 of this	form, check bo	x 3, 7	The commitment
			Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.	nless otherwi	ise ordered by the court, on the top of pa	age 1 of this for	m, ch	eck box 4, The
Par	t 4:	Sig	n Below					
	By s	signing	here, under penalty of perjury I declare that	the information	on on this statement and in any attachm	nents is true and	d corr	ect.
)	( /s/	'Kelly	/ Anjel Salat					
-	Ke	lly A	njel Salat					
	•	•	e of Debtor 1					
	Dale		rch 22, 2019 / DD / YYYY					
	If yo	u che	cked 17a, do NOT fill out or file Form 122C-2					

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in this information to identify your case:	
Debtor 1 Kelly Anjel Salat	
	•
Debtor 2 (Spouse, if filing)	-
United States Bankruptcy Court for the: Eastern District of Virginia	-
Case number	☐ Check if this is an amended filing
(if known)	
Official Form 122C-2	
Chapter 13 Calculation of Your Disposable	Income 04/10
To fill out this form, you will need your completed copy of <i>Chapter 13 States Commitment Period</i> (Official Form 122C-1).  Be as complete and accurate as possible. If two married people are filing to	gether, both are equally responsible for being accurate. If more
space is needed, attach a separate sheet to this form, Include the line numb additional pages, write your name and case number (if known).	er to which additional information applies. On the top any
Part 1: Calculate Your Deductions from Your Income	
The Internal Revenue Service (IRS) issues National and Local Standards the questions in lines 6-15. To find the IRS standards, go online using th information may also be available at the bankruptcy clerk's office.	
Deduct the expense amounts set out in lines 6-15 regardless of your actual exexpenses if they are higher than the standards. Do not include any operating a 122C–1, and do not deduct any amounts that you subtracted from your spouse	expenses that you subtracted from income in lines 5 and 6 of Form
If your expenses differ from month to month, enter the average expense.	
Note: Line numbers 1-4 are not used in this form. These numbers apply to info	ormation required by a similar form used in chapter 7 cases.
5. The number of people used in determining your deductions from inc	come
3,	
Fill in the number of people who could be claimed as exemptions on your plus the number of any additional dependents whom you support. This number of people in your household.	r federal income tax return, umber may be different from  3
National Standards You must use the IRS National Standards to an	swer the questions in lines 6-7.
<ol> <li>Food, clothing, and other items: Using the number of people you enter Standards, fill in the dollar amount for food, clothing, and other items.</li> </ol>	red in line 5 and the IRS National \$\$
7. Out-of-pocket health care allowance: Using the number of people you the dollar amount for out-of-pocket health care. The number of people is people who are 65 or olderbecause older people have a higher IRS allowing higher than this IRS amount, you may deduct the additional amount on line	split into two categoriespeople who are under 65 and owance for health car costs. If your actual expenses are

Official Form 122C-2

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Debtor 1 Kelly Anjel Salat Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 156.00 Copy here=> \$ 156.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> \$ 0.00 7g. Total. Add line 7c and line 7f 156.00 Copy total here=> 156.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 576.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,493.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Lees Parke Owners Association 125.00 **Select Portfolio Servicing** 1,883.00 Copy Repeat this amount 2,008.00 2.008.00 9b. Total average monthly payment here=> on line 33a 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Сору 0.00 0.00 here=> or rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

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Debtor 1	Kelly Anjel Salat		Case number (if	known)		
11.	Local transportation expenses: Check the number of vehi	icles for which you claim	an ownership	or operating	expense.	
	☐ 0. Go to line 14.					
	☐ 1. Go to line 12.					
	■ 2 or more. Go to line 12.					
12.	<b>Vehicle operation expense:</b> Using the IRS Local Standard operating expenses, fill in the <i>Operating Costs</i> that apply for					442.00
13.	<b>Vehicle ownership or lease expense:</b> Using the IRS Loca You may not claim the expense if you do not make any loan more than two vehicles.					
Ve	hicle 1 Describe Vehicle 1:					
13a.	Ownership or leasing costs using IRS Local Standard		. \$	0.00		
13b.	. Average monthly payment for all debts secured by Vehicle 1	l <b>.</b>				
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mor bankruptcy. Then divide by 60.		at			
	Name of each creditor for Vehicle 1	Average monthly payment				
	-NONE-	\$				
13c	Total Average Monthly Payment  Net Vehicle 1 ownership or lease expense	\$	Copy here => -\$	. 0	Repeat this amount on line 33b.  Copy net	
100.	Subtract line 13b from line 13a. if this number is less than \$6	O, enter \$0	\$	0.00	Vehicle 1 expense here => \$	0.00
Ve	hicle 2 Describe Vehicle 2:					
13d.	Ownership or leasing costs using IRS Local Standard		. \$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	2. Do not include costs fo	or			
	Name of each creditor for Vehicle 2	Average monthly payment				
	-NONE-	\$				
	Total average monthly payment	\$	Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense				Copy net	
	Subtract line 13e from line 13d. if this number is less than \$6	O, enter \$0	\$	0.00	Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of				the \$	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in v not claim more than the IRS Local Standard for <i>Public Trans</i>	what you believe is the a				0.00

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Debtor 1 Kelly Anjel Salat Case number (if known)

	er Necessary Expenses	In addition to the expense d the following IRS categories		listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, soo your pay for these taxes. H	ial security taxes, and Medic owever, if you expect to rece om the total monthly amount	are taxes. ive a tax re	You may inc fund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from lust divide the expected refund by 12 for taxes.	\$	229.00
17	•	•	iotiona tha	t vour ich ro	quiros quab os retirement	· —	
17.	contributions, union dues, a	he total monthly payroll dedund nd uniform costs.	JULIONS INA	i your job re	quires, such as remement		_
	Do not include amounts that	t are not required by your job	o, such as	voluntary 40	1(k) contributions or payroll savings.	\$	51.00
18.	filing together, include payr	nents that you make for your r life insurance on your depe	spouse's t	erm life insu	e insurance. If two married people are rance. spouse's life insurance, or for any form	\$	0.00
19.		The total monthly amount th			by the order of a court or		
		as spousal or child support				\$	0.00
					You will list these obligations in line 35.	Ψ_	
20.		nly amount that you pay for e	ducation th	nat is either i	required:		
	as a condition for your jo						0.00
	for your physically or me	ntally challenged dependent	child if no	public educ	ation is available for similar services.	\$	0.00
21.		ly amount that you pay for ch r any elementary or seconda		•	sitting, daycare, nursery, and preschool.	\$	0.00
22	. ,	•	•		amount that you pay for health care		
22.	that is required for the health by a health savings account		dependent at is more	ts and that is than the tota	s not reimbursed by insurance or paid al entered in line 7.	\$	0.00
22	•	· ·			you pay for telecommunication services	· —	
	phone service, to the exten income, if it is not reimburse. Do not include payments for	necessary for your health a	nd welfare	or that of yo	special long distance, or business cell our dependents or for the production of		
	expenses, such as those re	ported on line 5 of Official Fo			ount you previously deducted.	+\$	0.00
24.	•	ported on line 5 of Official Fo	orm 122C-1	I, or any am		<b>+</b> \$ \$	2,838.00
	Add all of the expenses a	llowed under the IRS expe	orm 122C-1	nces.	ount you previously deducted. The Means Test.		
Add	Add all of the expenses a Add lines 6 through 23. litional Expense Deduction Health insurance, disabili	Ilowed under the IRS expersions  These are additional de Note: Do not include auty insurance, and health sa	nse allowated united the second secon	ances.  allowed by the allowances  ount expen	ount you previously deducted. The Means Test.	\$	
Add	Add all of the expenses a Add lines 6 through 23. litional Expense Deduction Health insurance, disabili insurance, disability insurance	Ilowed under the IRS expersions  These are additional de Note: Do not include auty insurance, and health sa	nse allowated united the second secon	ances.  allowed by the allowances  ount expen	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses a Add lines 6 through 23. litional Expense Deduction Health insurance, disabili insurance, disability insurar your dependents.	Ilowed under the IRS expersions  These are additional de Note: Do not include auty insurance, and health sa	orm 122C-1 nse allowa eductions a ny expense avings acc unts that a	ances.  allowed by the allowances  ount expen re reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses a Add lines 6 through 23. litional Expense Deduction  Health insurance, disabili insurance, disabili insurance, disability insurar your dependents.  Health insurance	s These are additional do Note: Do not include an ty insurance, and health sacco	orm 122C-1 nse allowa eductions a ny expense avings acc unts that a	allowed by the allowances ount expense reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses a Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurant your dependents.  Health insurance  Disability insurance	s These are additional do Note: Do not include an ty insurance, and health sacco	nse allowa eductions a ny expense avings acc unts that a	ances.  allowed by the allowances ount expense reasonab  414.00  0.00	ne Means Test. s listed in lines 6-24.	\$	
Add	Add all of the expenses a Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurar your dependents.  Health insurance  Disability insurance  Health savings account	s These are additional de Note: Do not include an ty insurance, and health sauce, and health sauce, and health savings acco	eductions any expense avings accunts that a	ances.  allowed by the allowances count expense reasonab  414.00  0.00  0.00	ount you previously deducted. The Means Test. It is listed in lines 6-24.  In the second seco	\$	2,838.00
Add	Add all of the expenses a Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this	s These are additional de Note: Do not include an ty insurance, and health sauce, and health sauce, and health savings acco	eductions any expense avings accunts that a	ances.  allowed by the allowances count expense reasonab  414.00  0.00  0.00	ount you previously deducted. The Means Test. It is listed in lines 6-24.  In the second seco	\$	2,838.00
Add	Add all of the expenses a Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insurance, disability insurance disability insurance disability insurance.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this  No. How much do you do not not not not not not not not not no	s These are additional do Note: Do not include an ty insurance, and health sauce, and health sauce, and health sauce, and health savings accordant amount?  To the care of household or onable and necessary care as	eductions any expense avings accunts that a	ances.  allowed by the allowances ount expense reasonab  414.00  0.00  414.00  414.00  cembers. The tof an elder to pay for s	ce actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$	2,838.00
25. 26.	Add all of the expenses a Add lines 6 through 23. litional Expense Deduction  Health insurance, disability insurance, disability insurance disability insurance disability insurance. Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this No. How much do you how much do you do not not not not not not not not not no	These are additional de Note: Do not include an ty insurance, and health sauce, and health sauce, and health savings according to the care of household or onable and necessary care a of your immediate family whaccount of a qualified ABLE piolence. The reasonably necessary care and the saccount of a qualified ABLE piolence.	eductions any expense avings accumts that a	allowed by the allowances.  allowed by the allowances.  ount expense re reasonab  414.00  0.00  414.00  414.00  combers. The tof an elder to pay for selection of an elder to pay for selection on the selection of an elder to pay for selection on the selection of an elder to pay for selection on the selection of an elder to pay for selection on the selection of t	ce actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$	2,838.00

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ebtor 1	Kelly Anjel Salat	Case	e number (if known)				
	28. Additional home energy costs. Your home energy costs are included in your insurance and operating experience 8.						
	If you believe that you have home energy c 8, then fill in the excess amount of home er	osts that are more than the home energy cost ergy costs	s included in ex	(penses	on line		
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must s ry.	how that the ad	lditional		\$	0.00
		ren who are younger than 18. The monthly pendent children who are younger than 18 ye					
	You must give your case trustee documenta claimed is reasonable and necessary and r	ation of your actual expenses, and you must e ot already accounted for in lines 6-23.	explain why the	amount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or aft	er the date of a	djustmer	nt.	\$	0.00
		ne monthly amount by which your actual food allowances in the IRS National Standards. The IRS National Standards.					
		onal allowance, go online using the link speci o be available at the bankruptcy clerk's office		rate			
	You must show that the additional amount of	claimed is reasonable and necessary.				\$	0.00
31.	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in nization. 11 U.S.C. § 548(d)(3) and (4).	the form of cas	sh or fina	ncial		
	Do not include any amount more than 15%	of your gross monthly income.				\$_	200.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.				\$	614.00
Dedu	uctions for Debt Payment						
	or debts that are secured by an interest oans, and other secured debt, fill in lines	in property that you own, including home r 33a through 33e.	mortgages, vel	nicle			
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually due	e to each secur	ed			
	Mortgages on your home					Averag	e monthly
33a.	Copy line 9b here				=>	\$	2,008.00
	Loans on your first two vehicles						2,000.00
33b.						\$	0.00
						Φ	0.00
33c.	Copy line 13e nere				.=>	\$	() ()()
33d.							0.00
33u.	List other secured debts:						<u> </u>
	List other secured debts: e of each creditor for other secured debt	Identify property that secures the debt	incl	es payme ude taxe	:S		<u> </u>
		Identify property that secures the debt	incl	ude taxe nsurance	:S		0.00
		Identify property that secures the debt	incl or i	ude taxe	es e?	\$	0.00
	e of each creditor for other secured debt	Identify property that secures the debt	incl or i	ude taxe nsurance No	es e?	\$	0.00
	e of each creditor for other secured debt	Identify property that secures the debt	incl or in 	ude taxe nsurance No	es e?	\$	0.00
	e of each creditor for other secured debt	Identify property that secures the debt	incl or i	ude taxe nsurance No Yes	es 9?	\$ 	0.00
	e of each creditor for other secured debt	Identify property that secures the debt	incl or in 	No Yes No	es 9?	·	<b>0.00</b>
	e of each creditor for other secured debt	Identify property that secures the debt	incl or i	ude taxe nsurance No Yes No Yes	es e?	\$	0.00
	e of each creditor for other secured debt	Identify property that secures the debt	incl or i	ude taxe nsurance No Yes No Yes No	es e?	·	

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ebtor 1 Kelly	y Anjel Salat			Case	number ( <i>if known</i> )		
	debts that you listed in li property necessary for y						
☐ No.	Go to line 35.						
■ Yes.	State any amount that yo listed in line 33, to keep p Next, divide by 60 and fill	ossession of your property					
Name of the	creditor	Identify property that se	cures the deb	t T	otal cure amount	Month	ly cure nt
Lees Park Association	ke Owners on	5220 Windbreak Dr VA 22407 Spotsylv	/ania Coun	ty \$	3,004.00	÷ 60 = \$	50.07
Select Po	rtfolio Servicing	5220 Windbreak Dr VA 22407 Spotsylv		ty \$	37,342.00		622.37
				\$_		÷ 60 = +\$	
				Total \$	672.44	Copy total here=> \$	672.44
	owe any priority claims - :				t		
'	Go to line 36.	, ca ap.c, cacc.	11 0.0.0.	007.			
	Fill in the total amount of	all of these priority claims. uch as those you listed in li		e current or			
	Total amount of all past-	due priority claims		\$	0.00	÷60 \$	0.00
36. <b>Projecte</b>	d monthly Chapter 13 pla	ın payment		\$		_	
Office of the Exec To find a li	multiplier for your district as the United States Courts (f utive Office for United State ist of district multipliers that inc nstructions for this form. This li	or districts in Alabama and es Trustees (for all other di ludes your district, go online us	North Caroli stricts).	na) or by X ecified in the		Copy total	
Average	monthly administrative exp	ense			\$	here=> \$	
	of the deductions for del es 33e through 36.	bt payment.				\$_	2,680.44
Total Deduc	tions from Income						
38. Add all c	of the allowed deductions	<b>5.</b>					
	ne 24, All of the expenses a e allowances	allowed under IRS	\$	2,838.00			
Copy lin	ne 32, All of the additional e	expense deductions	\$	614.00			
Copy lin	ne 37, All of the deductions	for debt payment	. +\$	2,680.44	$\neg$		
			\$	6,132.44		> \$	6,132.4

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Kelly Anjel	Salat			Cas	se num	ber (if known)		
Determine '	Your Disposable Income U	nder 11 U.S.C. § 132	25(b)(2)					
							\$	15,590.00
ildren. The mo sability payment ceived in accord	nthly average of any child su ts for a dependent child, repo dance with applicable nonba	upport payments, fost orted in Part I of Forn	er care pay n 122C-1, th	ments, or at you	\$		0.00	
nployer withheld 11 U.S.C. § 541	d from wages as contribution I(b)(7) plus all required repa	s for qualified retirem	ent plans, a	ıs specified		453	3.00	
tal of all deduc	tions allowed under 11 U.	S.C. § 707(b)(2)(A).	Copy line 3	3 here=	> \$	6,132	2.44	
penses and you eir expenses. Yo	u have no reasonable alterna ou must give your case trust	ative, describe the sp ee a detailed explana	eciál circum	stances an	nd			
ibe the special	circumstances		Amo	unt of expe	ense			
			\$			-		
			\$			-		
			\$			-		
		Total	\$	0.00	- 1	• •	0.00	
tal adjustment	ts. Add lines 40 through 43.			=>	\$	6,585.44	Copy here=> -\$	6,585.44
lculate your m	onthly disposable income	under § 1325(b)(2).	Subtract lir	ie 44 from l	line 3	9.	\$	9,004.56
Change in I	ncome or Expenses							
ve changed or a ne your case wil u filed your peti	are virtually certain to chang Il be open, fill in the informat tion, check 122C-1 in the firs	e after the date you f ion below. For examp st column, enter line 2	iled your ba ble, if the wa 2 in the sec	nkruptcy pe iges reporte and column	etitior ed ind n, exp	and during the creased after		
Line	Reason for change		Dat	e of change	•	Increase or decrease?	Amount of	change
						☐ Increase		
	Determine of Pour I in any reason ildren. The more inside the special of all deduction for specified in 11 U.S. and it is all deduction	Determine Your Disposable Income Uppy your total current monthly income froatement of Your Current Monthly Income I in any reasonably necessary income your dependent. The monthly average of any child substitive payments for a dependent child, reposeived in accordance with applicable nonbacessary to be expended for such child.  I in all qualified retirement deductions. The ployer withheld from wages as contribution 11 U.S.C. § 541(b)(7) plus all required reparteristic in 11 U.S.C. § 362(b)(19).  Ital of all deductions allowed under 11 U. Eduction for special circumstances. If special expenses and you have no reasonable alternative expenses. You must give your case trust cumstances and documentation for the experise the special circumstances.  Ital adjustments. Add lines 40 through 43.  Idulate your monthly disposable income of the expenses and income or expenses. If the income or expenses and you case trust income or expenses. If the income or expenses and you case trust income or expenses. If the income or expenses and you case or wirtually certain to change the your case or wirtually certain to change the your case or wirtually certain to change the your case of the your petition, check 122C-1 in the first ages increased, fill in when the increase occurrence in the your petition, check 122C-1 in the first ages increased, fill in when the increase occurrence in the your petition in the properties of the properties of the properties of the properties of the your petition in the properties of the prop	Determine Your Disposable Income Under 11 U.S.C. § 132 ppy your total current monthly income from line 14 of Form 1 attement of Your Current Monthly Income and Calculation of I in any reasonably necessary income you receive for support ildren. The monthly average of any child support payments, fost isability payments for a dependent child, reported in Part I of Form believed in accordance with applicable nonbankruptcy law to the excessary to be expended for such child.  It in all qualified retirement deductions. The monthly total of all apployer withheld from wages as contributions for qualified retirement 11 U.S.C. § 541(b)(7) plus all required repayments of loans from excified in 11 U.S.C. § 362(b)(19).  It all of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Aduction for special circumstances. If special circumstances just penses and you have no reasonable alternative, describe the speir expenses. You must give your case trustee a detailed explanation and the special circumstances are special circumstances.  In all adjustments. Add lines 40 through 43.  Total  Total  Change in Income or Expenses  It the income under § 1325(b)(2).  Change in income or expenses. If the income in Form 122C-1 or we changed or are virtually certain to change after the date you fee your case will be open, fill in the information below. For example, a filled your petition, check 122C-1 in the first column, enter line 2 igns increased, fill in when the increase occurred, and fill in the a	Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)  Depy your total current monthly income from line 14 of Form 122C-1, Charlement of Your Current Monthly Income and Calculation of Commitme  I in any reasonably necessary income you receive for support for depe  ildren. The monthly average of any child support payments, foster care pay  ability payments for a dependent child, reported in Part I of Form 122C-1, the  review of in accordance with applicable nonbankruptcy law to the extent reasor  cessary to be expended for such child.  I in all qualified retirement deductions. The monthly total of all amounts the  ployer withheld from wages as contributions for qualified retirement plans, a  11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, a  critical of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 36  duction for special circumstances. If special circumstances justify addition  penses and you have no reasonable alternative, describe the special circum  ir expenses. You must give your case trustee a detailed explanation of the scumstances and documentation for the expenses.  ible the special circumstances  Amount  Change in Income or Expenses  Amount  Change in Income or expenses. If the income in Form 122C-1 or the expense range in income or expenses. If the income in Form 122C-1 or the expense range in income or expenses. If the income in Form 122C-1 or the expense range or are virtually certain to change after the date you filed your ba  te your case will be open, fill in the information below. For example, if the wa  u filed your petition, check 122C-1 in the first column, enter line 2 in the security ges increased, fill in when the increase occurred, and fill in the amount of the	Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)  Pay your total current monthly income from line 14 of Form 122C-1, Chapter 13 attement of Your Current Monthly Income and Calculation of Commitment Period. I in any reasonably necessary income you receive for support for dependent illdren. The monthly average of any child support payments, foster care payments, or ability payments for a dependent child, reported in Part I of Form 122C-1, that you revived in accordance with applicable nonbankruptcy law to the extent reasonably cessary to be expended for such child.  I in all qualified retirement deductions. The monthly total of all amounts that your uployer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as secified in 11 U.S.C. § 362(b)(19).  tal of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here eduction for special circumstances. If special circumstances justify additional penses and you have no reasonable alternative, describe the special circumstances are repenses. You must give your case trustee a detailed explanation of the special current and documentation for the expenses.  Intelligent the special circumstances are repenses.  Amount of expenses and documentation for the expenses.  Change in Income or Expenses  Amount of expenses in Income or expenses. If the income in Form 122C-1 or the expenses you repeated the properties of the properties of the special circumstances are very changed or are virtually certain to change after the date you filed your bankruptcy preverse changed or are virtually certain to change after the date you filed your bankruptcy preverse your case will be open, fill in the information below. For example, if the wages report of the properties of the p	Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)  The part of Your Current monthly income from line 14 of Form 122C-1, Chapter 13 attement of Your Current Monthly Income and Calculation of Commitment Period.  It in any reasonably necessary income you receive for support for dependent illdren. The monthly average of any child support payments, foster care payments, or ability payments for a dependent child, reported in Part I of Form 122C-1, that you necessary to be expended for such child.  It in all qualified retirement deductions. The monthly total of all amounts that your piloyer withheld from wages as contributions for qualified retirement plans, as specified 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as secified in 11 U.S.C. § 362(b)(19).  It in all qualified retirement deductions. The monthly total of all amounts that your piloyer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 362(b)(19).  It is all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here \$\frac{1}{2}\$ additional penses and you have no reasonable alternative, describe the special circumstances and irrepayments. You must give your case trustee a detailed explanation of the special circumstances and irrepayments. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.  It be the special circumstances  Amount of expense  Change in Income or Expenses  It he income in Form 122C-1 or the expenses you reported we changed or are virtually certain to change after the date you filed your bankruptcy petition in your case will be open, fill in the information below. For example, if the wages reported in u filed your petition, check 122C-1 in the first column, enter line 2 in the second column, expense increased, fill in when the increase occurred, and fill in the information below.	Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)  ppy your total current monthly income from line 14 of Form 122C-1, Chapter 13  atement of Your Current Monthly Income and Calculation of Commitment Period.  In any reasonably necessary income you receive for support for dependent  ildren. The monthly average of any child support payments, foster care payments, or  ability payments for a dependent child, reported in Part I of Form 122C-1, that you  relived in accordance with applicable nonbankruptcy law to the extent reasonably  cessary to be expended for such child.  In all qualified retirement deductions. The monthly total of all amounts that your  ployer withheld from wages as contributions for qualified retirement plans, as specified  11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as  secified in 11 U.S.C. § 362(b)(19).  \$ 453  duction for special circumstances. If special circumstances justify additional  penses and you have no reasonable alternative, describe the special circumstances and  irrexpenses. You must give your case trustee a detailed explanation of the special  cumstances and documentation for the expenses.  Amount of expense  \$ \$  Total \$ 0.00 Copy    here=> \$  45.855.44   Copy    here=> \$  6,585.44   Change in Income or Expenses  Litely our monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.  Change in Income or expenses. If the income in Form 122C-1 or the expenses you reported in this form  we changed or are virtually certain to change after the date you filed your bankruptcy petition and during the  le your case will be open, fill in the information below. For example, if the wages reported increase disperse of the properties of the properties of the properties of the wages reported in consense of the properties of the prope	Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)  ppy your total current monthly income from line 14 of Form 122C-1, Chapter 13 atement of Your Current Monthly Income and Calculation of Commitment Period.  \$   In any reasonably necessary income you receive for support for dependent litidren. The monthly average of any child support payments, foster care payments, or additive payments for a dependent child, reported in Part 1 of Form 122C-1, that you served in accordance with applicable nonbankruptcy law to the extent reasonably cessary to be expended for such child.  It in all qualified retirement deductions. The monthly total of all amounts that your ployer withheld from wages as contributions for qualified retirement plans, as specified 1 U.S.C. § 362(b)(19).  It in all qualified retirement deductions. The monthly total of all amounts that your ployer withheld from wages as contributions for qualified retirement plans, as specified 1 U.S.C. § 362(b)(19).  It in all qualified retirement deductions. The monthly total of all amounts that your ployer withheld from wages as contributions for qualified retirement plans, as specified 1 U.S.C. § 362(b)(19).  It all of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => \$ 6,132.44 and duction for special circumstances. If special circumstances plantify additional penses and you have no reasonable alternative, describe the special circumstances and irrevenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

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Debtor 1	Kelly Anjel Salat	Case number (if known)	
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declare that the inform	ation on this statement and in any attachments is true and correct.	
-	/s/ Kelly Anjel Salat Kelly Anjel Salat Signature of Debtor 1		
	March 22, 2019 MM / DD / YYYY		

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. ECMC P O Box 16478 Lock Box 8682 Saint Paul, MN 55116

FedLoan Servicing Attn: Bankruptcy Po Box 69184 Harrisburg, PA 17106

Global Payments Po Box 66118 Chicago, IL 60666

I C System Inc Attn: Bankruptcy Po Box 64378 St Paul, MN 55164

Land'or International, Inc. 2120 Staples Mill Road Suite 300 Richmond, VA 23230

Lees Parke Owners Association 5599 Holley Oak Lane Fredericksburg, VA 22407

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108

National Credit Adjusters LLC Attn: Chassity Lindeman PO Box 3023 Hutchinson, KS 67504

Select Portfolio Servicing P.O. Box 65450 Salt Lake City, UT 84165

Wells Fargo Dealer PO Box 25341 Santa Ana, CA 92799